

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 176  
Registered No. 363

### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City miami No. 109 Mexican Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felix Valadez  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth November 20 1925  
Month Day Year

8. FATHER  
Full name Juan Valadez

9. Residence (Usual place of abode) miami Arizona  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Laborer  
Nature of Industry Copper mill Construct.

14. MOTHER  
Full maiden name Juana Delosa

15. Residence (Usual place of abode) miami Arizona  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

19. Occupation \_\_\_\_\_  
Nature of Industry Housewife

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:45 P m. on the date above stated  
(Born alive or stillborn)

Signature J. J. Miller  
MD  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address miami, Arizona

Month, day, year \_\_\_\_\_ Filed Nov 27, 1925 P. E. Devin Registrar

659-1120-141